

9-27-06

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Docket No. 126066-00101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Philip S. Kim

GAU: 3763

Serial No: 10/616,247

Examiner: Theodore J. Stigell

Filed: 7/9/2003

For: Selective Peripheral Nerve Plexus Implantable Infusion

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

EXPRESS MAIL No.: EE003494075US  
DATE OF DEPOSIT: September 25, 2006

Sir:

EE003494075US

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required
- ☒ This application qualifies for small entity status. 37 C.F.R. §1.27.
- ☐ Additional documents filed herewith: Petition for Extension of Time, Fee Transmittal Sheet

Claims	Claims Remaining	Highest Number Prev. Paid		Number of Extra Claims	Rate	Fee
Total	30	31	-20	0	\$50	\$0.00
Independent	3	3	-3	0	\$200	\$0.00
<input type="checkbox"/> Multiple Dependent Claims					\$360	\$0.00
TOTAL OF ABOVE CALCULATIONS						\$0.00
<input type="checkbox"/> Reduction by 50% for filing by Small Entity						\$0.00
<input type="checkbox"/> Recordation of Assignment					\$40.00	\$0.00
TOTAL						\$0.00


☐ A check in the amount of is attached.

☒ Please charge any additional Fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit Account No. 02-2555. A duplicate copy of this sheet is enclosed.

☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 02-2555. A duplicate copy of this sheet is enclosed.

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Customer No. 64574

Date: September 25, 2006



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/616,247
		Filing Date	July 9, 2003
		First Named Inventor	Philip S. Kim
		Examiner Name	Theodore J. Stigell
		Art Unit	3763
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	126066-00101
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$ ) 510	

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 02-2555    Deposit Account Name: Blank Rome LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☐ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
30	31 = 0	x		
HP=highest number of total claims paid for, if greater than 20				
Indep. Claims	3	3 or HP = 0	x	
HP=highest number of independent claims paid for, if greater than 3				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	Other: (e.g., late filing surcharge):	Fee Paid (\$)
	Petition for Extension of Time	510

<b>SUBMITTED BY</b>		
Signature		Registration No. (Attorney/Agent) 43,631
Name (Print/Type)	Bruce D. George	Telephone 215-569-5798
		Date September 25, 2006

If you need assistance in completing the form, 1-800-PTO-9199 and select option 2.